

## STATE OF SOUTH CAROLINA

## (Caption of Case)

Example: Application for a Class C Charter Certificate from  
John Doe dba Doe's Limo

Application for Class E Household Goods Certificate  
from Truemove, LLC dba College Hunks Hauling  
Junk and Moving

BEFORE THE  
PUBLIC SERVICE COMMISSION  
OF SOUTH CAROLINA

## TRANSPORTATION COVER SHEET

## DOCKET

NUMBER: 2019 - 62 - T

If this is your first time filing an application with the PSC, you will not have a Docket Number. The Commission will assign one to you. If you have filed with the Commission before, a Docket Number was assigned and should be entered above.

(Please type or print)

Submitted by: Kenneth E. Truelove, Jr

Telephone: 843.499.1798

Address: 146 Graylyn Dr

Fax: \_\_\_\_\_

Anderson, SC 29621

Other: \_\_\_\_\_

Email: kenneth.truelove@chhj.com

NOTE: The cover sheet and information contained herein neither replaces nor supplements the filing and service of pleadings or other papers as required by law. This form is required for use by the Public Service Commission of South Carolina for the purpose of docketing and must be filled out completely.

## NATURE OF ACTION (Check all that apply)

- |   |  |
|---|--|
| <input type="checkbox"/> Application - Class A/A Restricted   | <input type="checkbox"/> Request for Name Change on Certificate        |
| <input type="checkbox"/> Application - Class C Taxi   | <input type="checkbox"/> Request to Amend Scope of Authority           |
| <input type="checkbox"/> Application - Class C Charter  | <input type="checkbox"/> Request to Amend Tariff (rate increase, etc.) |
| <input type="checkbox"/> Application - Class C Charter Bus  | <input type="checkbox"/> Request to Amend Passenger Limit              |
| <input type="checkbox"/> Application - Class C Non-Emergency  | <input type="checkbox"/> Request                                       |
| <input type="checkbox"/> Application - Class C Stretcher Van  | <input type="checkbox"/> Exhibit                                       |
| <input checked="" type="checkbox"/> Application - Class E Household Goods   | <input type="checkbox"/> Late-Filed Exhibit                            |
| <input type="checkbox"/> Application - Class E Hazardous Waste  | <input type="checkbox"/> Letter  |
| <input type="checkbox"/> Application  | <input type="checkbox"/> Proposed Order                                |
| <input type="checkbox"/> Request for Extension to Comply with Order   | <input type="checkbox"/> Publisher's Affidavit                         |
| <input type="checkbox"/> Request for Order Granting Authority to Obtain a Certificate of Public Convenience and Necessity to be Rescinded | <input type="checkbox"/> Reservation Letter                            |
| <input type="checkbox"/> Request for Cancellation of Certificate  | <input type="checkbox"/> Response                                      |
| <input type="checkbox"/> Request for Suspension   | <input type="checkbox"/> Return to Petition                            |
| <input type="checkbox"/> Request for Reinstatement  | <input type="checkbox"/> Other: _____                                  |

If you have any questions about this form, please contact the PUBLIC SERVICE COMMISSION at 803-896-5100.

PUBLIC SERVICE COMMISSION OF SOUTH CAROLINA  
101 Executive Center Drive, Suite 100  
Columbia, South Carolina 29210

Phone: (803) 896-5100 FAX: (803) 896-5199

APPLICATION FOR CERTIFICATE OF PUBLIC CONVENIENCE AND NECESSITY FOR OPERATION OF  
MOTOR VEHICLE CARRIER

Select Class: (Check one)

Date: April 12, 2019

- ☒ E (HHG) - Household Goods  
☐ E (HAZ) - Hazardous Material

**IMPORTANT!** If application is to amend scope of authority, a current annual report must be on file with the Commission before application will be accepted. If application is for a NEW CERTIFICATE, do not submit annual report.

Check one:

- ☒ New Application  
☐ Amended Scope of Authority

Current Scope:

(list counties) All SC counties -- statewide

Amended Scope:

(list counties) \_\_\_\_\_

1.

Truemove, LLC

Name under which business is to be conducted (corporation, partnership, or sole proprietorship, with or without trade name.)

1138 White Horse Rd, Suite L, Greenville, SC 29605

Street Address of Applicant

PO Box 5352, Anderson, SC 29623

Mailing Address of Applicant (if different from street address)

843.499.1798

Phone

FAX

kenneth.truelove@chhj.com

Email Address

2. If the Applicant is an LLC or a corporation, a copy of the Certificate of Existence from the South Carolina Secretary of State and the Articles of Incorporation must be attached. (If incorporated outside of SC, attach South Carolina Secretary of State "Foreign Corporation" Certificate.)

## 3. Select Entity Type: (Check one)

- ☐ Individual Owner/Sole Proprietorship
- ☐ Partnership - List names and address of all person having an interest in the business.
- ☒ Corporation - List names and addresses of two principal officers.

Owner: Kenneth E. Truelove, Jr, 146 Graylyn Dr, Anderson, SC 29621

Co-owner: Teresa F. Truelove, 146 Graylyn Dr, Anderson, SC 29621

4. Is applicant certified to provide **intrastate** transportation of household goods in another state: (Check one.)

- ☐ Yes ☒ No

*If yes, attach a letter from the regulatory agency in the state(s) stating applicant is in compliance with the rules and regulations of said state agency.*

## 5. Has applicant been convicted of operating with no intrastate household goods authority or failure to abide by the rules and regulations pertaining to the intrastate transportation of household goods in this state or any other state? (Check one.)

- ☐ Yes ☒ No

*If yes, list dates and nature of convictions below.*

## 6. Has applicant ever had a certificate authorizing the transportation of household goods revoked in this state or any other state? ( Check one.)

- ☐ Yes ☒ No

*If yes, list dates and nature of revocations below.*

Applicant is financially able to furnish the services as specified in this application and submits the following statement of assets and liabilities.

### Financial Statement

Applicant's assets and liabilities are as follows:

| <u>Assets:</u>                      |                  | <u>Liabilities:</u>          |                  |
|-------------------------------------|------------------|------------------------------|------------------|
| Value of Real Estate                | 0                | Mortgage/Loan on Real Estate | 0                |
| Value of Motor Vehicles             | 29,383           | Loans Owed on Motor Vehicles | 29,383           |
| Cash on Hand                        | 1,500            | Business/Other Loans Owed    | 60,000           |
| Cash in Bank                        | 11,584.89        | Other Liabilities or Debts   | 526.95           |
| Value of Other Assets and Equipment | 1,500            | <b>Total Liabilities</b>     | <b>89,909.95</b> |
| <b>Total Assets</b>                 | <b>43,967.89</b> |                              |                  |

### INSTRUCTIONS:

1. "Value of Real Estate" means the actual or estimated market value of any real property/buildings owned by the Company/Business Applying for a Certificate.
2. "Mortgage/Loan on Real Estate" means the outstanding balance on any Mortgage, Equity Line or other Loan secured by the Real Estate listed in Item 1.
3. "Value of Motor Vehicles" means the actual or fair estimated value of any moving vans, trucks or other vehicles owned by the Company/Business Applying for a Certificate.
4. "Loans Owed on Motor Vehicles" means the outstanding balance on any loans or liens on the vehicles listed in Item 3.
5. "Cash on Hand" is the total of actual cash held by the Company/Business applying for a Certificate on the day this form is filled out.
6. "Business/Other Loans Owed" means the outstanding balance on any small business loan or other unsecured loan made by a person, bank or business to the Business/Company applying for a Certificate.
7. "Cash in Bank" means the current balance in checking accounts, savings accounts or the like in the name of the Company/Business applying for a Certificate. Do not include retirement accounts or personal bank account balances.
8. "Value of Other Assets and Equipment" should include the actual or estimated value of items such as office equipment (computers/furnishings), moving equipment (hand trucks/blankets/strapping), and trailers.
9. "Other Liabilities or Debts" means specific amounts/balances which the Company/Business applying for a Certificate knows that it owes to other persons or companies; for example Franchise Fees. This does NOT include regular bills such as electricity bills, security system costs, insurance, salaries, etc.

## PROPOSED RATES AND CHARGES FOR SERVICE

Proposed Rates and Charges (List only maximum charges per mile or trip, and/or hourly rate):

# of

| HUNKS | Hrly Rate (Mon-Th) | Hrly Rate (Fri/Sat) | Truck & Travel Fee | Item                | Fee       |
|-------|--------------------|---------------------|--------------------|---------------------|-----------|
| 2     | \$ 105.00          | \$ 115.00           | \$ 105.00          | Piano Handling Fee  | \$ 50.00  |
| 3     | \$ 135.00          | \$ 145.00           | \$ 135.00          | Exercise Equipment  | \$ 50.00  |
| 4     | \$ 165.00          | \$ 175.00           | \$ 165.00          | Bulk Item Fee       | \$ 70.00  |
| 5     | \$ 195.00          | \$ 205.00           | \$ 195.00          | Hot Tub Fee         | \$ 115.00 |
| 6     | \$ 225.00          | \$ 235.00           | \$ 225.00          | Playhouse/Swing set | \$ 115.00 |

Entire rate sheet is attached separately.

## COMMODITIES TO BE TRANSPORTED AND AREA(S) TO BE SERVED

Commodities to be Transported: (Check one)

☒ Household Goods, as defined in R103-210(1)

☐ Hazardous Wastes, as defined in R103-210(2)

Requested Scope of Authority: Check all counties in which you are requesting permission to operate.  
You will only be allowed to operate in those counties checked below. You may request "Statewide" authority if you intend to operate in all counties in South Carolina.

- |                                     |                                       |                                     |                                     |   |
|-------------------------------------|---------------------------------------|-------------------------------------|-------------------------------------|---|
| <input type="checkbox"/> Abbeville  | <input type="checkbox"/> Cherokee     | <input type="checkbox"/> Florence   | <input type="checkbox"/> Lee        | <input type="checkbox"/> Saluda               |
| <input type="checkbox"/> Aiken      | <input type="checkbox"/> Chester      | <input type="checkbox"/> Georgetown | <input type="checkbox"/> Lexington  | <input type="checkbox"/> Spartanburg          |
| <input type="checkbox"/> Allendale  | <input type="checkbox"/> Chesterfield | <input type="checkbox"/> Greenville | <input type="checkbox"/> Marion     | <input type="checkbox"/> Sumter               |
| <input type="checkbox"/> Anderson   | <input type="checkbox"/> Clarendon    | <input type="checkbox"/> Greenwood  | <input type="checkbox"/> Marlboro   | <input type="checkbox"/> Union                |
| <input type="checkbox"/> Bamberg    | <input type="checkbox"/> Colleton     | <input type="checkbox"/> Hampton    | <input type="checkbox"/> McCormick  | <input type="checkbox"/> Williamsburg         |
| <input type="checkbox"/> Barnwell   | <input type="checkbox"/> Darlington   | <input type="checkbox"/> Horry      | <input type="checkbox"/> Newberry   | <input type="checkbox"/> York                 |
| <input type="checkbox"/> Beaufort   | <input type="checkbox"/> Dillon       | <input type="checkbox"/> Jasper     | <input type="checkbox"/> Oconee     |   |
| <input type="checkbox"/> Berkeley   | <input type="checkbox"/> Dorchester   | <input type="checkbox"/> Kershaw    | <input type="checkbox"/> Orangeburg | <input checked="" type="checkbox"/> Statewide |
| <input type="checkbox"/> Calhoun    | <input type="checkbox"/> Edgefield    | <input type="checkbox"/> Lancaster  | <input type="checkbox"/> Pickens    |   |
| <input type="checkbox"/> Charleston | <input type="checkbox"/> Fairfield    | <input type="checkbox"/> Laurens    | <input type="checkbox"/> Richland   |   |



## INSURANCE QUOTE

This form **MUST BE COMPLETED.**

The insurance quote must be complete, listing current insurance premiums. At the discretion of the Commission, a copy of current insurance policies may be required. Do not provide a copy of insurance policies unless requested. You will not be required to purchase insurance until your application has been approved and an order has been issued by the PSC. **THIS IS ONLY A QUOTE.**

The following insurance quote is for:

Truemove, LLC dba College Hunks Hauling Junk and Moving

Name of Applicant

1138 White Horse Rd, Suite L, Greenville, SC 29605

Address of Applicant

**Amount of Premium:**

**Limits Quoted: (See Below)**

Liability Insurance    \$    10,698

Limits    \$750,000

Cargo Insurance        \$    1,000

Limits        \$5,000

\* Attach Certificate of Insurance if available.

Progressive Commercial

Name of Insurance Company

Progressive Northern Insurance Co P.O. BOX 94739 Cleveland, OH 44101

Home Office Address of Company

I, the Applicant, am familiar with the Commission's Rules and Regulations relating to insurance requirements and the above quote meets the minimum insurance limits prescribed. The insurance company making this quote is authorized by the South Carolina Department of Insurance to do business in South Carolina.

\* Form E and Form H Certificates of Insurance are required to be filed with the Office of Regulatory Staff (ORS). The schedule of minimum limits for Household Goods carriers are listed below:

|  |            |
|--|------------|
| Vehicle liability for vehicles less than 10,000 lbs. GVWR  | \$ 500,000 |
| Vehicle liability for vehicles 10,000 lbs. or more GVWR  | \$ 750,000 |
| Cargo - For loss of or damage to property carried on any one motor vehicle                                       | \$ 2,500   |
| For loss of or damage to or aggregate of losses or damages of or to property occurring at any one time and place | \$ 5,000   |

**NOTICE:**

If you wish to self-insure your motor vehicles for liability and property damage, you must comply with S.C. Code Ann. Sections 56-9-60 and 58-23-910. For more information, contact the Department of Motor Vehicles at (803) 896-8457 or (803) 896-9903.

If you wish to apply as a self-insured for worker's compensation coverage in South Carolina you may do so with the South Carolina Worker's Compensation Commission (WCC) provided that you will be able to: 1) post a surety bond or letter-of-credit with the WCC for a minimum of \$500,000, 2) agree to pay a yearly self-insurance tax, and 3) agree to pay an annual assessment to the South Carolina Second Injury Fund. For more information, contact the WCC Self-Insurance Division at (803) 737-5712 or on the web at [www.wcc.state.sc.us/self-insurance](http://www.wcc.state.sc.us/self-insurance).

**Exhibit Fit, Willing, and Able (FWA)**

Kenneth E. Truelove, Jr  
Name

1. Does Applicant have a Safety Rating from the U.S.D.O.T.?

☐ Yes ☐ No ☒ Pending (Submit when received.)

If Yes, indicate rating below and provide copy.

☐ Satisfactory ☐ Conditional ☐ Unsatisfactory

2. Have any of Applicant's drivers or vehicles been placed "out of service" by Transport Police safety officers in the past twelve (12) months?

☐ Yes ☒ No

3. Are there currently any outstanding judgment(s) against the Applicant?

☐ Yes ☒ No

If "Yes", list judgements here:

|  |
|--|
|  |
|--|

4. Is Applicant familiar with all statutes and regulations, including safety regulations and workers' compensation laws that govern for-hire motor carrier operations in South Carolina, and does Applicant agree to operate in compliance with these statutes and regulations?

☒ Yes ☐ No

5. Is Applicant aware of the Commission's insurance requirements and the insurance premium costs associated therewith? (The Insurance Quote on Page 6 must be completed, listing current insurance premiums.)

☒ Yes ☐ No



PUBLIC SERVICE COMMISSION OF SOUTH CAROLINA  
101 EXECUTIVE CENTER DRIVE, SUITE 100  
COLUMBIA, SOUTH CAROLINA 29210

Applicant is familiar with the provision of S.C. Code Ann. §58-23-10, et seq.(1976), and amendments thereto, and R.103-100 through R.103-241 of the Commission's Rules and Regulations for Motor Carriers (Volume 10, S.C. Code Ann. Regs., 1976), and R.38-400 through R.38-503 of the Department of Public Safety's Rules and Regulations for Motor Carriers (Volume 2, S.C. Code Ann., 1976) and amendments thereto, and hereby promises compliance therewith.

S.C. Code Ann. Section 58-3-250 states, in part, that every final order of the Commission must be served by electronic service, registered or certified mail, upon the parties to the proceeding or their attorneys.

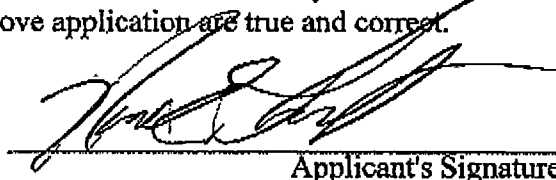
Please check the applicable box:

- ☒ The Applicant AGREES to receive future Commission orders related to the Applicant's authority in South Carolina through the Commission's eService System. The Applicant authorizes the Commission to serve its orders by using the e-mail address as it appears on page one of this Application. To sign up for eService notifications, please visit [www.psc.sc.gov](http://www.psc.sc.gov) to create a My DMS account.
- ☐ The Applicant DOES NOT AGREE to receive future Commission orders related to the Applicant's authority in South Carolina through the Commission's eService System.

The Applicant believes that there is a need for its company's services in the proposed service area.

The Applicant understands that this completed Application serves as prefiled testimony for the Applicant for hearing purposes.

The Applicant for the Certificate of Public Convenience and Necessity as set forth in the foregoing, swear or affirm that all statements contained in the above application are true and correct.



Applicant's Signature

Owner

Title of Applicant (e.g. President, Owner, etc.)

STATE OF SOUTH CAROLINA )

COUNTY OF ANDERSON )

SWORN TO BEFORE ME  
This 12 day of APRIL, 2019

Notary Public

Commission Expires

JOY SMITH  
Notary Public, State of South Carolina  
My Commission Expires 2/28/2026



**Detach, complete and remit AFTER your safety audit has been performed by State Transport Police.**

Kenneth E. Truelove, Jr

Applicant's Name

### Safety Certification

If your operations are subject to Safety Fitness Procedures of the Federal Motor Carrier Safety Regulations (FMCSR) (49 CFR Parts 100-199), even if you have not yet received a Safety Fitness Rating, you must certify as follows:

Applicant has access to and is familiar with all applicable U.S.D.O.T regulations relating to the safe operation of Commercial vehicles. In so certifying, applicant is verifying that, as a minimum, it:

1. Has in place a system and an individual responsible for ensuring overall compliance with the FMCSR and the HM regulations;
2. Can produce a copy of the FMCSR and the HM regulations;
3. Has in place a driver safety/orientation program;
4. Is familiar with the FMCSR governing driver qualifications and has in place a system for overseeing driver qualification requirements in accordance with 49 CFR Part 391.51C;
5. Has in place policies and procedures consistent with FMCSR governing driving and operational safety of commercial motor vehicles, including drivers' hours of service and vehicle inspection, repair, and maintenance (49 CFR Parts 392;395 and 396);
6. Are in compliance with the Controlled Substance and Alcohol Use and Testing as stated in FMCSR (49 CFR Part 40, 382, if applicable).

**Any applicant who certifies they are in compliance with FMCSR and/or the HM regulations and upon completion of a compliance review audit, is found not to be in compliance, may have its certificate revoked.**

PLEASE CHECK THE APPROPRIATE RESPONSE BELOW:

☐ Yes ☒ Not Applicable

**Exempt Applicants - If you will operate only small vehicles (GVWR of 26,001 pounds or less) and do not transport hazardous materials in a quantity to require placarding under the HM regulations and are thus exempt from the FMCSR and HM regulation, you must certify as follows:**

Applicant is familiar with and will observe FMCSR general operational safety fitness guidelines.

PLEASE CHECK THE APPROPRIATE RESPONSE BELOW:

☒ Yes ☐ Not Applicable

I, Kenneth E. Truelove, Jr, verify under penalty of perjury under the laws of the State of South Carolina, that all information supplied on this form or relating to this application is true and correct. Further, I certify that I am qualified and authorized to file this application. I know that willful misstatements or omissions of material fact constitute criminal violations punishable by imprisonment and fines as prescribed by law. (Note: This oath embraces all schedules and supplemental filings to this application).

SWORN TO BEFORE ME  
This 12 day of April, 2019

Notary Public

Commission Expires

JOY SMITH

Notary Public, State of South Carolina  
My Commission Expires 2/25/2025

Applicant's Signature



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

4/11/2019

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

**IMPORTANT:** If the certificate holder is an **ADDITIONAL INSURED**, the policy(ies) must have **ADDITIONAL INSURED** provisions or be endorsed. If **SUBROGATION IS WAIVED**, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

**PRODUCER**  
Arthur J. Gallagher Risk Management Services, Inc.  
1300 South Main Street  
Tulsa OK 74119

CONTACT NAME: Susan Kamburoff

PHONE (A/C No. Ext): 216 654 9385

FAX (A/C No.):

E-MAIL ADDRESS: Susan.Kamburoff@ajg.com

## INSURER(S) AFFORDING COVERAGE

NAIC #

INSURER A: Ohio Security Insurance Company

24082

INSURER B: Progressive Northern Insurance Company

38628

INSURER C: Ohio Casualty Insurance Company

24074

INSURER D: RLI Insurance Company

13056

INSURER E:

INSURER F:

**INSURED**  
Truemove, LLC  
dba College Hunks Hauling Junk & Moving  
146 Graylyn Dr.  
Anderson SC 29621

TRUELLC-03

## COVERAGES

CERTIFICATE NUMBER: 601875285

REVISION NUMBER:

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

| INSR LTR | TYPE OF INSURANCE   | ADDL SUBR INSD WVD           | POLICY NUMBER | POLICY EFF (MM/DD/YYYY) | POLICY EXP (MM/DD/YYYY) | LIMITS  |
|----------|---|------------------------------|---------------|-------------------------|-------------------------|---|
| A        | <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY<br><input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR<br><br>GEN'L AGGREGATE LIMIT APPLIES PER:<br><input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC<br>OTHER: |                              | BKS59477194   | 2/14/2019               | 2/14/2020               | EACH OCCURRENCE \$1,000,000<br>DAMAGE TO RENTED PREMISES (Ea occurrence) \$300,000<br>MED EXP (Any one person) \$15,000<br>PERSONAL & ADV INJURY \$1,000,000<br>GENERAL AGGREGATE \$2,000,000<br>PRODUCTS - COMP/OP AGG \$2,000,000<br>\$ |
| B        | <b>AUTOMOBILE LIABILITY</b><br><input type="checkbox"/> ANY AUTO<br><input type="checkbox"/> OWNED AUTOS ONLY <input checked="" type="checkbox"/> SCHEDULED AUTOS<br><input type="checkbox"/> HIRED AUTOS ONLY <input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY   |                              | 00429200-0    | 2/14/2019               | 2/14/2020               | COMBINED SINGLE LIMIT (Ea accident) \$1,000,000<br>BODILY INJURY (Per person) \$<br>BODILY INJURY (Per accident) \$<br>PROPERTY DAMAGE (Per accident) \$<br>\$  |
| C        | <input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR<br><input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE<br><input type="checkbox"/> DED <input checked="" type="checkbox"/> RETENTION \$10,000   | N                            | USO59477194   | 2/14/2019               | 2/14/2020               | EACH OCCURRENCE \$1,000,000<br>AGGREGATE \$<br>\$<br>PER STATUTE <input type="checkbox"/> OTH-ER <input type="checkbox"/>   |
|          | WORKERS COMPENSATION AND EMPLOYERS' LIABILITY<br>ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory In NH)<br>If yes, describe under DESCRIPTION OF OPERATIONS below  | Y/N <input type="checkbox"/> | N/A           |                         |                         | E.L. EACH ACCIDENT \$<br>E.L. DISEASE - EA EMPLOYEE \$<br>E.L. DISEASE - POLICY LIMIT \$  |
| D        | Inland Marine   |                              | ILM0302334    | 2/14/2019               | 2/14/2020               | Limit \$50,000  |

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

The Bancorp Bank is listed as additional insured and loss payee with respect to the following vehicles:

2015 Isuzu NPR #JALC4W167F7K00945

2018 Isuzu NPR #54DC4W1B2JS803978

Comprehensive and Collision Deductibles both \$1000

## CERTIFICATE HOLDER

THE BANCORP BANK  
PO BOX4307  
Timonium MD 21094

## CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE

© 1988-2015 ACORD CORPORATION. All rights reserved.



RLI Marine

# **PREMIUM & DETAIL SUMMARY** **MOTOR TRUCK CARGO LEGAL LIABILITY COVERAGE**

Truemove, LLC dba College Hunks Hauling Junk & Moving

## **Description of Covered Property**

Household goods

## **Commodity exclusion to apply to:**

livestock or poultry, liquor, tobacco products, furs or fur trimmed garments, eggs, beer, wine, autos, consumer electronics, pharmaceuticals

| Coverage Limits                        | Limit    |
|--|----------|
| Property in Vehicles (any one vehicle) | \$50,000 |
| Catastrophe (any one occurrence)       | \$50,000 |

**Deductible: \$1,000**

| Coverage Extensions                   | Limit      | Deductible | Premium |
|---------------------------------------|------------|------------|---------|
| Debris Removal Expense, 25% of loss + | \$10,000   |            |         |
| Defense Costs (no deductible applies) | Per Policy |            |         |
| Freight Charges                       | \$2,500    |            |         |
| Newly Acquired Terminals              | \$50,000   |            |         |
| Pollutant Cleanup and Removal         | \$10,000   |            |         |

**Refrigeration Breakdown** Not Covered

**Contingency Coverage** Not Covered

**Terminals** Not Covered

## **Scheduled Vehicle Limitations:**

| Vehicle Description                                  | Limit    |
|--|----------|
| 2019 Isuzu NPR VIN (to be provided prior to binding) | \$50,000 |

| Optional Extensions             | Limit       | Deductible | Premium |
|---------------------------------|-------------|------------|---------|
| Limited Fungus                  | \$15,000    |            |         |
| Off-Board Electronics           | Not Covered |            |         |
| On-Board Electronics            | Not Covered |            |         |
| Electronic Equipment Deductible |             |            |         |
| Trailer Bailee Coverage         | Not Covered |            |         |
| Trailer Interchange Coverage    | Not Covered |            |         |
| Trailer Catastrophe Limit       | Not Covered |            |         |
| Trailer Deductible              |             |            |         |

**Total Premium** \$1,000.00

# Application for Insurance

Please review, sign where indicated, and return

**PROGRESSIVE**  
COMMERCIAL

**Policy number:**

Named Insured: TRUEMOVE, LLC

DBA: CHHJM

February 11, 2019

Page 1 of 6

**Policy and premium information for policy number**

|                                  |   |
|----------------------------------|---|
| Insurance company:               | Progressive Northern Insurance Co<br>P.O. BOX 94739<br>Cleveland, OH 44101  |
| Agent:                           | DANIEL COSTIGAN<br>ARTHUR J GALLAGHER<br>2850 GOLF ROAD<br>ROLLING MEADOWS, IL 60008<br>02492<br>1-630-595-5300                                   |
| Named Insured:                   | TRUEMOVE, LLC<br>DBA: CHHJM<br>146 GRAYLYN DR.<br>ANDERSON, SC 29621<br>e-mail address: KENNETH.TRUELOVE@CHHJ.COM<br>Phone Number: 1-843-499-1798 |
| Financial responsibility vendor: | EXPERIAN<br>1-888-397-3742  |
| Policy period:                   | Feb 14, 2019 - Feb 14, 2020   |
| Effective date and time:         | Feb 14, 2019 at 12:01AM ET  |
| Total policy premium:            | \$10,698.00   |
| Initial payment required:        | \$1,864.19  |
| Initial payment received:        | \$1,864.19  |
| Payment plan:                    | 11 payments   |

**THE INSURER CAN CANCEL THIS POLICY FOR WHICH YOU ARE APPLYING WITHOUT CAUSE DURING THE FIRST 90 DAYS. THAT IS THE INSURER'S CHOICE. AFTER THE FIRST 90 DAYS, THE INSURER CAN ONLY CANCEL THIS POLICY FOR REASONS STATED IN THE POLICY.**

**Rated drivers**

The insured declares that no persons other than those listed in this application regularly operate the vehicle(s) described in this application.

| Name             | Date of birth | Age | Marital status | Driver's license number | State | Points | Additional information | CDL | Original year CDL issued |
|------------------|---------------|-----|----------------|-------------------------|-------|--------|------------------------|-----|--------------------------|
| KENNETH TRUELOVE |               |     |                |                         | SC    | 4      |                        | No  |                          |
| DANIEL TRUELOVE  |               |     |                |                         | SC    | 3      |                        | No  |                          |

**Driving history**

Please review the following information carefully because driving history is used to determine your rate. All accidents are considered at-fault and chargeable unless the accident is under an applicable payment threshold or we receive additional information from you or another source that proves the accident was not-at-fault. We obtain driving history from the following sources:

Policy numb.

TRUEMOVE, LLC  
Page 2 of 6

- Your application (APP)
- Progressive claims history (PROG)
- Motor Vehicle Reports and/or court data (MVR) - provided by a consumer reporting agency
- Comprehensive Loss Underwriting Exchange (CLUE) - provided by a consumer reporting agency

| Driver and Description      | Date       | Source/Consumer reporting agency   |
|-----------------------------|------------|------------------------------------|
| KENNETH TRUELOVE            |            |                                    |
| Speeding                    | 04/26/2017 | MVR/LexisNexis                     |
| KENNETH TRUELOVE            |            |                                    |
| At Fault Accident           | 05/21/2017 | CLUE/LexisNexis,<br>MVR/LexisNexis |
| DANIEL TRUELOVE             |            |                                    |
| Careless/Improper Operation | 01/17/2017 | MVR/LexisNexis                     |

### Outline of coverage

| Description                                   | Limits  | Deductible | Premium         |
|---|---|------------|-----------------|
| Liability To Others                           |   |            | \$7,517         |
| Bodily Injury and Property Damage Liability   | \$1,000,000 combined single limit               |            |                 |
| Employer Non-Owned Auto Liability To Others   |   |            | 102             |
| Bodily Injury and Property Damage Liability   | \$1,000,000 combined single limit               |            |                 |
| Uninsured Motorist                            |   |            | 176             |
| Bodily Injury                                 | \$1,000,000 combined single limit each accident |            |                 |
| Property Damage                               | (included in combined single limit)             | \$200      |                 |
| Underinsured Motorist                         |   |            | 171             |
| Bodily Injury                                 | \$1,000,000 combined single limit each accident |            |                 |
| Property Damage                               | (included in combined single limit)             | \$0        |                 |
| Medical Payments                              | \$5,000 each person                             |            | 95              |
| Comprehensive                                 |   |            | 438             |
| See Auto Coverage Schedule                    | Limit of liability less deductible              |            |                 |
| Collision                                     |   |            | 2,035           |
| See Auto Coverage Schedule                    | Limit of liability less deductible              |            |                 |
| Rental Reimbursement                          |   |            | 67              |
| See Auto Coverage Schedule                    |   |            |                 |
| <b>Subtotal policy premium</b>                |   |            | <b>\$10,601</b> |
| ICC Filing Fee                                |   |            | 25              |
| PUC Filing Fee                                |   |            | 25              |
| South Carolina Uninsured Motorist Fund charge |   |            | 2               |
| Additional Insured Fee                        |   |            | 20              |
| Waivers of Subrogation Fee                    |   |            | 25              |
| <b>Total 12 month policy premium and fees</b> |   |            | <b>\$10,698</b> |
| Number of Employees: (0-10)                   |   |            |                 |

## Auto coverage schedule

1. **2015 Isuzu NPR HD** Stated Amount: \* \$27,000 (including Permanently Attached Equip)  
 VIN: **JALC4W167F7K00945** Garaging Zip Code: 29605 Territory: 30 Radius: 500 miles  
 Personal use: N Body type: Dump Truck Use class: H

|                         |                       |                    |                      |                   |        |         |
|-------------------------|-----------------------|--------------------|----------------------|-------------------|--------|---------|
| Liability Premium       | Liability             | UM                 | UIM                  | UM PD             | UIM PD | Med Pay |
|                         | \$7517                | \$134              | \$160                | \$42              | \$11   | \$95    |
| Physical Damage Premium | Comp/Glass Deductible | Comp/Glass Premium | Collision Deductible | Collision Premium |        |         |
|                         | \$1,000               | \$438              | \$1,000              | \$2035            |        |         |
| Other Coverages Premium | Rental Limit          | Rental Premium     | Auto Total           |                   |        |         |
|                         | \$50 per day          | \$67               | \$10,499             |                   |        |         |
|                         | Max \$1500            |                    |                      |                   |        |         |

## Vehicle questions

NONE

\*A vehicle's stated amount should indicate its current retail value, including any special or permanently attached equipment. In the event of a total loss, the maximum amount payable is the lesser of the Stated Amount or Actual Cash Value, less deductible. Be sure to check stated amount at every renewal in order to receive the best value from your Progressive Commercial Auto policy.

## Financial responsibility information

Name: KEN TRUELOVE  
 Home address: 146 GRAYLYN DR.  
 ANDERSON, SC 29621-0000

Is KEN TRUELOVE involved in the daily operation of the business? Yes

## Business information

Business type: Trucking For-Hire  
 Sub business type: Household Movers  
 Other:  
 Applicant: Corporation or LLC

Number of employees in the insured's business: 0-10

Does the applicant have a USDOT Number? Yes

What is the USDOT Number? 3230725

We may use USDOT data collected by the Federal Motor Carrier Safety Administration to rate the policy.

## Additional policy questions

1. Year the current business was established: 2018
2. Does the insured currently have General Liability Insurance or a Business Owners Policy? Business Owners Policy
3. Premise type your tow business operates from: Unknown

## Additional Insured information

Additional Insured: THE BANCORP BANK  
 PO BOX 4307 TIMONIUM, MD 21904

**PROGRESSIVE**  
COMMERCIAL**Policy number:**

Policyholder: \_\_\_\_\_

TRUEMOVE, LLC

February 11, 2019

Policy period: Feb 14, 2019 - Feb 14, 2020

Page 1 of 1

## Payment schedule

| Due date           | Amount   | Due date           | Amount   | Due date           | Amount   |
|--------------------|----------|--------------------|----------|--------------------|----------|
| Mar 14, 2019 ..... | \$889.39 | Jul 14, 2019 ..... | \$889.39 | Nov 14, 2019 ..... | \$889.39 |
| Apr 14, 2019 ..... | \$889.39 | Aug 14, 2019 ..... | \$889.39 | Dec 14, 2019 ..... | \$889.30 |
| May 14, 2019 ..... | \$889.39 | Sep 14, 2019 ..... | \$889.39 |                    |          |
| Jun 14, 2019 ..... | \$889.39 | Oct 14, 2019 ..... | \$889.39 |                    |          |

Total Premium: \$10,698.00

Payment Option: 11 payments

An installment fee of \$6.00 has been included in each payment. You may avoid paying installment fees by paying your premium in full. You may reduce the amount you pay in installment fees by paying your premium in larger amounts and fewer installments.

Form Z159 (05/06)





04/12/2019

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From: Kenneth Truelove

Phone: 843.499.1798

Company Name: Truemove, LLC dba College H.U.N.K.S. Hauling Junk and Moving

To: Clerk's Office

Phone: 803-896-510

Fax: 803-896-5199

Company Name: Public Service Commission

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**Comments:**

Updated version of previously submitted application

18 pages

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